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Child Abuse and Neglect

This packet is provided for anyone interested in learning more about child abuse and neglect.

Contents include:

- What is Child Abuse and Neglect?
- Recognizing Child Abuse and Neglect: Signs and Symptoms
- How Does the Child Welfare System Work?
- Long-Term Consequences of Child Abuse and Neglect
- *Child Maltreatment 2004: Summary of Key Findings*
- Toll-Free Crisis Hotline Numbers

Child Welfare Information Gateway offers many other resources about child abuse and neglect and child welfare. For more information or to order additional publications, visit the Information Gateway website at www.childwelfare.gov, email Information Gateway at info@childwelfare.gov, or call Information Gateway at 703.385.7565 or 800.394.3366.

If you are concerned that a child is being harmed by abuse or neglect, you can report your concerns to your local child welfare or law enforcement agency. For more information or assistance with reporting, please call Childhelp USA®, 800.4.A.CHILD (800.422.4453).



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April 2006

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What Is Child Abuse and Neglect?



Each State provides its own definitions of child abuse and neglect based on minimum standards set by Federal law.

What's Inside:

- How is child abuse and neglect defined in Federal law?
- What are the major types of child abuse and neglect?
- Resources

U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau



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How Is Child Abuse and Neglect Defined in Federal Law?

Federal legislation provides a foundation for States by identifying a minimum set of acts or behaviors that define child abuse and neglect. The Federal Child Abuse Prevention and Treatment Act (CAPTA), (42 U.S.C.A. §5106g), as amended by the Keeping Children and Families Safe Act of 2003, defines child abuse and neglect as, at minimum:

- Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or
- An act or failure to act which presents an imminent risk of serious harm.

What Are the Major Types of Child Abuse and Neglect?

Within the minimum standards set by CAPTA, each State is responsible for providing its own definitions of child abuse and neglect.¹ Most States recognize four major types of maltreatment: neglect, physical abuse, sexual abuse, and emotional abuse. Although any of the forms of child maltreat-

ment may be found separately, they often occur in combination.

The examples provided below are for general informational purposes only. Not all States' definitions will include all of the examples listed below, and individual States' definitions may cover additional situations not mentioned here.

Neglect is failure to provide for a child's basic needs. Neglect may be:

- Physical (e.g., failure to provide necessary food or shelter, or lack of appropriate supervision)
- Medical (e.g., failure to provide necessary medical or mental health treatment)²
- Educational (e.g., failure to educate a child or attend to special education needs)
- Emotional (e.g., inattention to a child's emotional needs, failure to provide psychological care, or permitting the child to use alcohol or other drugs)

These situations do not always mean a child is neglected. Sometimes cultural values, the standards of care in the community, and poverty may be contributing factors, indicating the family is in need of information

¹ See *Definitions of Child Abuse and Neglect*, from the Child Welfare Information Gateway State Statutes Series (www.childwelfare.gov/systemwide/laws_policies/statutes/define.cfm).

² *Withholding of medically indicated treatment* is defined by CAPTA as "the failure to respond to the infant's life threatening conditions by providing treatment (including appropriate nutrition, hydration, and medication) that in the treating physician's or physicians' reasonable medical judgment, will be most likely to be effective in ameliorating or correcting all such conditions." CAPTA does note a few exceptions, including infants who are "chronically and irreversibly comatose"; situations when providing treatment would not save the infant's life but merely prolong dying; or when "the provision of such treatment would be virtually futile in terms of the survival of the infant and the treatment itself under such circumstances would be inhumane."

or assistance. When a family fails to use information and resources, and the child's health or safety is at risk, then child welfare intervention may be required.

Physical abuse is physical injury (ranging from minor bruises to severe fractures or death) as a result of punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting (with a hand, stick, strap, or other object), burning, or otherwise harming a child. Such injury is considered abuse regardless of whether the caretaker intended to hurt the child.

Sexual abuse includes activities by a parent or caretaker such as fondling a child's genitals, penetration, incest, rape, sodomy, indecent exposure, and exploitation through prostitution or the production of pornographic materials.

Sexual abuse is defined by CAPTA as "the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or the rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children."

Emotional abuse is a pattern of behavior that impairs a child's emotional development or sense of self-worth. This may include constant criticism, threats, or rejection, as well as withholding love, support, or guidance. Emotional abuse is often difficult to prove and, therefore, CPS may not be able to intervene without evidence of harm to

the child. Emotional abuse is almost always present when other forms are identified.

Resources

Child Abuse and Neglect

www.childwelfare.gov/can

Resources and information from the Child Welfare Information Gateway website about child maltreatment, including definitions, signs and symptoms, statistics, types, risk and protective factors, impact, and child fatalities.

Defining Child Abuse and Neglect

www.childwelfare.gov/defining

Resources and information from the Child Welfare Information Gateway website.

Child Maltreatment 2004: Summary of Key Findings

www.childwelfare.gov/pubs/factsheets/canstats.cfm

Summarizes national child abuse statistics regarding investigations of child abuse and neglect, victims of maltreatment, perpetrators, fatalities, and services.

Reporting Child Abuse and Neglect

www.childwelfare.gov/responding/reporting.cfm

Resources and information from the Child Welfare Information Gateway website.

Laws and Policies

www.childwelfare.gov/systemwide/laws_policies/index.cfm

Resources and information about State and Federal laws on child abuse and neglect, child welfare, and adoption.

Recognizing Child Abuse and Neglect: Signs and Symptoms

www.childwelfare.gov/pubs/factsheets/signs.cfm

Lists general signs that may signal the presence of child abuse or neglect, as well as signs associated with specific types of abuse.

Preventing Child Abuse and Neglect

www.childwelfare.gov/preventing

Resources and information from the Child Welfare Information Gateway website.



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Recognizing Child Abuse and Neglect: Signs and Symptoms



The first step in helping abused or neglected children is learning to recognize the signs of child abuse and neglect. The presence of a single sign does not prove child abuse is occurring in a family; however, when these signs appear repeatedly or in combination you should take a closer look at the situation and consider the possibility of child abuse.

What's Inside:

- Recognizing child abuse
- Types of abuse
- Signs of physical abuse
- Signs of neglect
- Signs of sexual abuse
- Signs of emotional maltreatment
- Resources

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If you do suspect a child is being harmed, reporting your suspicions may protect the child and get help for the family. Contact your local child protective services agency or police department. **For more information about where and how to file a report, call the Childhelp USA® National Child Abuse Hotline (1.800.4.A.CHILD).**

Recognizing Child Abuse

The following signs may signal the presence of child abuse or neglect.

The Child:

- Shows sudden changes in behavior or school performance.
- Has not received help for physical or medical problems brought to the parents' attention.
- Has learning problems (or difficulty concentrating) that cannot be attributed to specific physical or psychological causes.
- Is always watchful, as though preparing for something bad to happen.
- Lacks adult supervision.
- Is overly compliant, passive, or withdrawn.
- Comes to school or other activities early, stays late, and does not want to go home.

The Parent:

- Shows little concern for the child.
- Denies the existence of—or blames the child for—the child's problems in school or at home.

- Asks teachers or other caretakers to use harsh physical discipline if the child misbehaves.
- Sees the child as entirely bad, worthless, or burdensome.
- Demands a level of physical or academic performance the child cannot achieve.
- Looks primarily to the child for care, attention, and satisfaction of emotional needs.

The Parent and Child:

- Rarely touch or look at each other.
- Consider their relationship entirely negative.
- State that they do not like each other.

Types of Abuse

The following are some signs often associated with particular types of child abuse and neglect: physical abuse, neglect, sexual abuse, and emotional abuse. It is important to note, however, these types of abuse are more typically found in combination than alone. A physically abused child, for example, is often emotionally abused as well, and a sexually abused child also may be neglected.

Signs of Physical Abuse

Consider the possibility of physical abuse when the **child**:

- Has unexplained burns, bites, bruises, broken bones, or black eyes.

- Has fading bruises or other marks noticeable after an absence from school.
- Seems frightened of the parents and protests or cries when it is time to go home.
- Shrinks at the approach of adults.
- Reports injury by a parent or another adult caregiver.

Consider the possibility of physical abuse when the **parent or other adult caregiver**:

- Offers conflicting, unconvincing, or no explanation for the child's injury.
- Describes the child as "evil," or in some other very negative way.
- Uses harsh physical discipline with the child.
- Has a history of abuse as a child.

Signs of Neglect

Consider the possibility of neglect when the **child**:

- Is frequently absent from school.
- Begs or steals food or money.
- Lacks needed medical or dental care, immunizations, or glasses.
- Is consistently dirty and has severe body odor.
- Lacks sufficient clothing for the weather.
- Abuses alcohol or other drugs.
- States that there is no one at home to provide care.

Consider the possibility of neglect when the **parent or other adult caregiver**:

- Appears to be indifferent to the child.
- Seems apathetic or depressed.
- Behaves irrationally or in a bizarre manner.
- Is abusing alcohol or other drugs.

Signs of Sexual Abuse

Consider the possibility of sexual abuse when the **child**:

- Has difficulty walking or sitting.
- Suddenly refuses to change for gym or to participate in physical activities.
- Reports nightmares or bed wetting.
- Experiences a sudden change in appetite.
- Demonstrates bizarre, sophisticated, or unusual sexual knowledge or behavior.
- Becomes pregnant or contracts a venereal disease, particularly if under age 14.
- Runs away.
- Reports sexual abuse by a parent or another adult caregiver.

Consider the possibility of sexual abuse when the **parent or other adult caregiver**:

- Is unduly protective of the child or severely limits the child's contact with other children, especially of the opposite sex.
- Is secretive and isolated.
- Is jealous or controlling with family members.

Signs of Emotional Maltreatment

Consider the possibility of emotional maltreatment when the **child**:

- Shows extremes in behavior, such as overly compliant or demanding behavior, extreme passivity, or aggression.
- Is either inappropriately adult (parenting other children, for example) or inappropriately infantile (frequently rocking or head-banging, for example).
- Is delayed in physical or emotional development.
- Has attempted suicide.
- Reports a lack of attachment to the parent.

Consider the possibility of emotional maltreatment when the **parent or other adult caregiver**:

- Constantly blames, belittles, or berates the child.
- Is unconcerned about the child and refuses to consider offers of help for the child's problems.
- Overtly rejects the child.

Resources

Identifying Child Abuse and Neglect

www.childwelfare.gov/can/identifying
Resources and information from the Child Welfare Information Gateway website about signs and symptoms of child maltreatment, including training resources.

Preventing Child Abuse and Neglect

www.childwelfare.gov/preventing
Resources and information from the Child Welfare Information Gateway website.

This factsheet was adapted, with permission, from *Recognizing Child Abuse: What Parents Should Know*.
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How Does the Child Welfare System Work?



The child welfare system is a group of services designed to promote the well-being of children by ensuring safety, achieving permanency, and strengthening families to successfully care for their children. Most families first become involved with the child welfare system due to a report of suspected child abuse or neglect (sometimes called "child maltreatment"). Child maltreatment is defined by Federal law as serious harm (neglect,

What's Inside:

- What happens when possible abuse or neglect is reported?
- What happens after a report is screened in?
- What happens in substantiated cases?
- What happens to people who abuse children?
- What happens to children who enter foster care?
- Resources

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physical abuse, sexual abuse, and emotional abuse or neglect) caused to children by parents or primary caregivers, such as extended family members or babysitters.¹ Child maltreatment also can include harm that a caregiver *allows* to happen or does not *prevent* from happening to a child. In general, child welfare agencies do not intervene in cases of harm to children caused by acquaintances or strangers. These cases are the responsibility of law enforcement.²

The child welfare system is not a single entity. Many organizations in each community work together to strengthen families and keep children safe. Public agencies, such as departments of social services or child and family services, often contract and collaborate with private child welfare agencies and community-based organizations to provide services to families, such as in-home family preservation services, foster care, residential treatment, mental health care, substance abuse treatment, parenting skills classes, employment assistance, and financial or housing assistance.

Child welfare systems are complex, and their specific procedures vary widely by State. The purpose of this factsheet is to give a brief overview of the purposes and func-

tions of child welfare from a national perspective. Child welfare systems typically:

- Receive and investigate reports of possible child abuse and neglect
- Provide services to families who need assistance in the protection and care of their children
- Arrange for children to live with foster families when they are not safe at home
- Arrange permanent adoptive homes or independent living services for children leaving foster care

What happens when possible abuse or neglect is reported?

Any concerned person can report suspicions of child abuse or neglect. Most reports are made by people who are required by State law to report suspicions of child abuse and neglect—mandatory reporters. In approximately 18 States and Puerto Rico, any person who suspects child abuse or neglect is required to report. Reports of possible child abuse and neglect are generally received by child protective services (CPS) workers and either “screened in” or “screened out.”³ A report is screened in if there is sufficient information to suggest an investigation is warranted. A report may be screened out if there is not enough

¹ Keeping Children and Families Safe Act of 2003, Title I Child Abuse Prevention and Treatment Act (P.L. 108-36). Each State has its own laws that define abuse and neglect for purposes of stating the reporting obligations of individuals and describing required State/local child protective services agency interventions. For State-by-State information about civil laws related to child abuse and neglect, visit the Child Welfare Information Gateway website at www.childwelfare.gov/systemwide/laws_policies/index.cfm.

² While some States authorize child protective services agencies to respond to all reports of alleged child maltreatment, other States authorize law enforcement to respond to certain types of maltreatment, such as sexual or physical abuse.

³ See *Mandatory Reporters of Child Abuse and Neglect* (www.childwelfare.gov/systemwide/laws_policies/statutes/mandata.cfm) and *Procedures for Handling Reports of Child Abuse and Neglect* (www.childwelfare.gov/systemwide/laws_policies/statutes/repproc.cfm), available from Child Welfare Information Gateway.

information on which to follow up or if the situation reported does not meet the State's legal definition of abuse or neglect.⁴ In these instances, the worker may refer the person reporting the incident to other community services or law enforcement for additional help.

In 2004, an estimated total of 3 million referrals involving 5.5 million children were made to CPS agencies. Approximately 63 percent were screened in, and 37 percent were screened out (U.S. Department of Health and Human Services [HHS], 2006).

What happens after a report is screened in?

CPS workers, often called investigators, respond within a particular time period, which may be anywhere from a few hours to a few days, depending on the type of maltreatment alleged, the potential severity of the situation, and requirements under State law. They may speak with the parents and other people in contact with the child, such as doctors, teachers, or childcare providers. They also may speak with the child, alone or in the presence of caregivers, depending on the child's age and level of risk. Children who are believed to be in immediate danger may be moved to a shelter, foster care placement, or a relative's home during

the investigation and while court proceedings are pending. An investigator's primary purpose is to determine if abuse or neglect has occurred and if there is a risk of it occurring again.

Some jurisdictions now employ an alternative response system. In these jurisdictions, when risk to the children involved is considered to be low, the CPS caseworker may focus on assessing family difficulties and offering needed services, rather than gathering evidence to confirm the occurrence of abuse or neglect.

At the end of an investigation, CPS workers typically make one of two findings—"unsubstantiated" ("unfounded") or "substantiated" ("founded"). These terms vary from State to State. Typically, a finding of "unsubstantiated" means there is insufficient evidence for the worker to conclude that a child was abused or neglected, or what happened does not meet the legal definition of child abuse or neglect. A finding of "substantiated" typically means an incident of child abuse or neglect, as defined by State law, is believed to have occurred. Some States have additional categories, such as "unable to determine," that suggest there was not enough evidence to either confirm or refute that abuse or neglect occurred.

The agency will initiate a court action if it determines that the authority of the juvenile court (through a child protection or dependency proceeding) is necessary to keep the child safe. To protect the child, the court can issue temporary orders placing the child in shelter care during the investigation, ordering services, or ordering certain individuals to have no contact with the child. At an adjudicatory hearing, the court

⁴ See *Definitions of Child Abuse and Neglect* (www.childwelfare.gov/systemwide/laws_policies/statutes/define.cfm), available from Child Welfare Information Gateway.

hears evidence and decides whether maltreatment occurred and whether the child should be under the continuing jurisdiction of the court. The court then enters a disposition, either at that hearing or at a separate hearing, which may result in the court ordering a parent to comply with services necessary to ameliorate the abuse or neglect. Orders can also contain provisions regarding visitation between the parent and the child, agency obligations to provide the parent with services, and services needed by the child.

In 2004, approximately 872,000 children were found to be victims of child abuse or neglect (HHS, 2006).

What happens in substantiated cases?

If a child has been abused or neglected, the course of action depends on State policy, the severity of the maltreatment, the risk of continued or future maltreatment, the services available to address the family's needs, and whether the child was removed from the home and a court action to protect the child was initiated. The following general options are available:

- **No or low risk**—The family's case may be closed with no services if the maltreatment was a one-time incident, there is no or low risk of future incidents, or the services the family needs will not be pro-

vided through the child welfare agency but through other systems.

- **Low to moderate risk**—Referrals may be made to community-based or voluntary in-home CPS services if the CPS worker believes the family would benefit from these services and the risk to the child would be lessened. This may happen even when no abuse or neglect is found, if the family needs and is willing to participate in services.
- **Moderate to high risk**—The family may again be offered voluntary in-home CPS services to help ameliorate the risks. If these are refused, the agency may seek intervention by the juvenile dependency court. Once there is a judicial determination that abuse or neglect occurred, juvenile dependency court may require the family to cooperate with in-home CPS services if it is believed that the child can remain safely at home while the family addresses the issues contributing to the risk of future maltreatment. If the child has been seriously harmed or is considered to be at high risk of serious harm, the court may order the child's removal from the home or affirm the agency's prior removal of the child. The child may be placed with a relative or in foster care.

In 2004, an estimated 268,000 children were removed from their homes as a result of a child abuse investigation or assessment (HHS, 2006).

What happens to people who abuse children?

People who are found to have abused or neglected a child are generally offered voluntary help or required by a juvenile dependency court to participate in services that will help keep their children safe. In more severe cases or fatalities, police are called upon to investigate and may file charges in criminal court against the perpetrators of child maltreatment. In many States certain types of abuse, such as sexual abuse and serious physical abuse, are routinely referred to law enforcement.

Whether or not criminal charges are filed, the perpetrator's name may be placed on a State child maltreatment registry if abuse or neglect is confirmed. A registry is a central database that collects information about maltreated children and individuals who were found to have abused or neglected those children.⁵ These registries are usually confidential and used for internal child protective purposes only. However, they may be used in background checks for certain professions, such as those working with children, so children will be protected from contact with individuals who may mistreat them.

⁵ For more information about these databases, see *Establishment and Maintenance of Central Registries for Child Abuse Reports* (www.childwelfare.gov/systemwide/laws_policies/statutes/centreg.cfm), available from Child Welfare Information Gateway.

What happens to children who enter foster care?

Most children in foster care are placed with relatives or foster families, but some may be placed in group homes. While a child is in foster care, he or she attends school and should receive medical care and other services as needed. The child's family also receives services to support their efforts to reduce the risk of future maltreatment and to help them, in most cases, be reunited with their child. Parents may visit their children on a predetermined basis. Visits also are arranged between siblings, if they cannot be placed together.

Every child in foster care should have a permanency plan that describes where the child will live after he or she leaves foster care. Families typically participate in developing a permanency plan for the child and a service plan for the family. These plans guide the agency's work. Except in unusual and extreme circumstances, every child's plan is first focused on reunification with parents. If the efforts toward reunification are not successful, the plan may be changed to another permanent arrangement, such as adoption or transfer of custody to a relative.⁶ Occasionally the plan involves a permanent placement with a foster family, usually for older children who have become strongly

⁶ Under the Adoption and Safe Families Act (ASFA), while reasonable efforts to preserve and reunify families are still required, State agencies are required to seek termination of the parent-child relationship when a child has been in foster care for 15 of the most recent 22 months. This requirement does not apply (at the State's option) if a child is cared for by a relative, if the termination is not in the best interest of the child, or if the State has not provided adequate services for the family.

attached to the family or for whom a suitable adoptive home cannot be found. In addition to a permanency plan, older children should receive transitional or independent living services to assist them in being self-sufficient when they leave foster care between the ages of 18 and 21.

Federal law requires the court to hold a permanency hearing, which determines the permanent plan for the child, within 12 months after the child enters foster care and every 12 months thereafter. Many courts review each case more frequently to ensure that the agency is actively engaged in permanency planning for the child.

Summary

The goal of child welfare is to promote the safety, permanency, and well-being of

children and families. Even among children who enter foster care, most children will leave the child welfare system safely in the care of their birth family, a relative, or an adoptive home.

For more detailed information about child welfare, please refer to the resources listed below. For more information about the child welfare system in your State or local jurisdiction, contact your local public child welfare agency.

In fiscal year 2003, 55 percent of children leaving foster care were returned to their parents. The median length of stay in foster care was 12 months (HHS, 2005a).

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Resources

Child Abuse and Neglect

www.childwelfare.gov/can

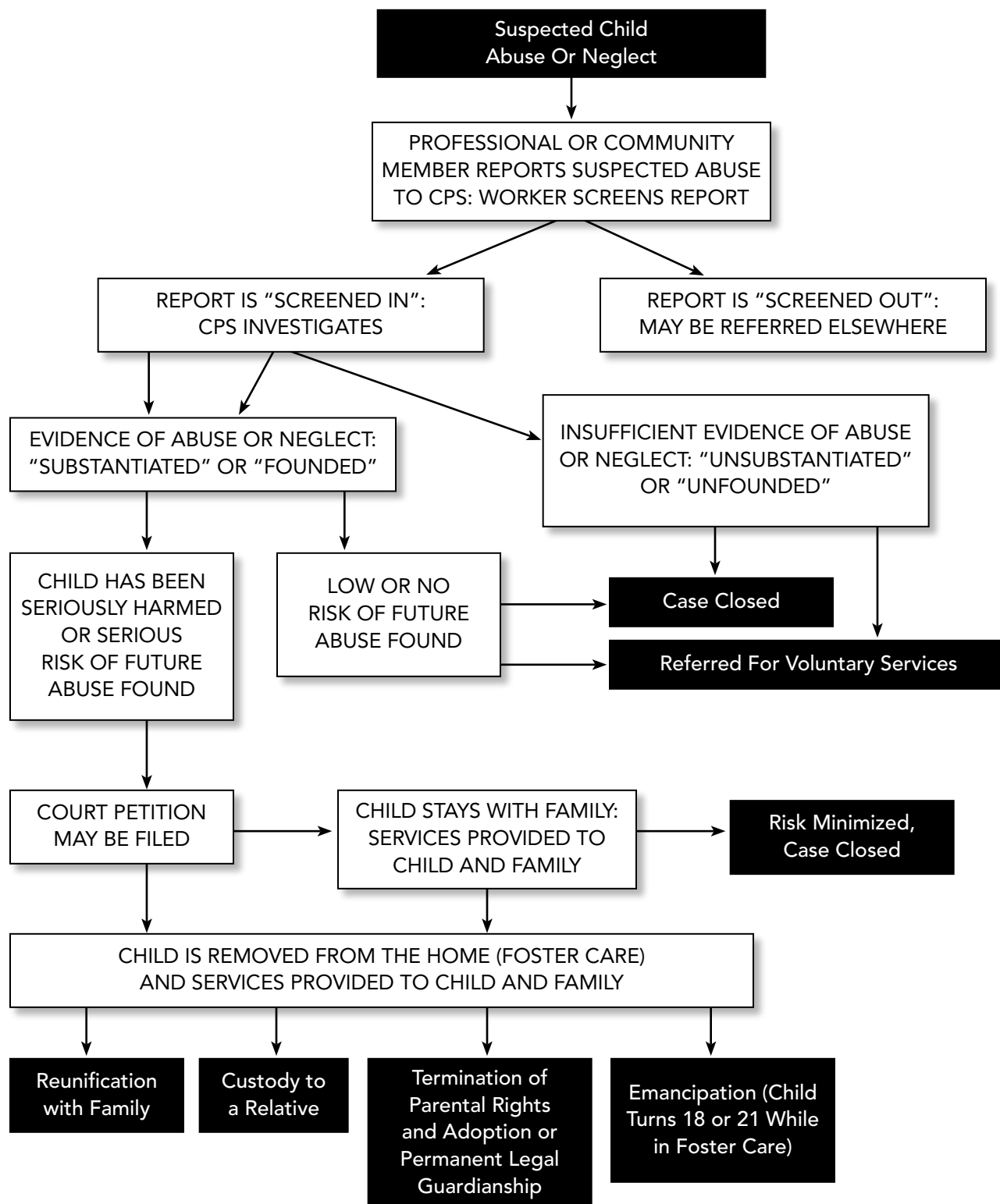
Resources and information from the Child Welfare Information Gateway website about child maltreatment, including definitions, signs and symptoms, statistics, types, risk and protective factors, impact, and child fatalities.

Assessing Child Abuse and Neglect

www.childwelfare.gov/systemwide/assessment

Resources and information from the Child Welfare Information Gateway website about assessment to aid decision-making on child safety, permanency, and well-being for children and families.

The Child Welfare System





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Long-Term Consequences of Child Abuse and Neglect



An estimated 872,000 children were victims of child abuse or neglect in 2004 (U.S. Department of Health and Human Services, 2006). While physical injuries may or may not be immediately visible, abuse and neglect can have consequences for children, families, and society that last lifetimes, if not generations.

The impact of child abuse and neglect is often discussed in terms of physical, psychological,

What's Inside:

- Factors affecting the consequences of child abuse
- Physical health consequences
- Psychological consequences
- Behavioral consequences
- Societal consequences
- Additional resources

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behavioral, and societal consequences. In reality, however, it is impossible to separate them completely. Physical consequences, such as damage to a child's growing brain, can have psychological implications, such as cognitive delays or emotional difficulties. Psychological problems often manifest as high-risk behaviors. Depression and anxiety, for example, may make a person more likely to smoke, abuse alcohol or illicit drugs, or overeat. High-risk behaviors, in turn, can lead to long-term physical health problems such as sexually transmitted diseases, cancer, and obesity.

This factsheet provides an overview of some of the most common physical, psychological, behavioral, and societal consequences of child abuse and neglect, while acknowledging that much crossover among categories exists.

Factors Affecting the Consequences of Child Abuse

Not all abused and neglected children will experience long-term consequences. Outcomes of individual cases vary widely and are affected by a combination of factors, including:

- The child's age and developmental status when the abuse or neglect occurred
- The type of abuse (physical abuse, neglect, sexual abuse, etc.)
- Frequency, duration, and severity of abuse
- The relationship between the victim and his or her abuser (Chalk, Gibbons, & Scarupa, 2002).

The Federal government has made a considerable investment in research regarding the causes and long-term consequences of child abuse and neglect. These efforts are ongoing; for more information, visit the websites listed below.

LONGSCAN (Longitudinal Studies of Child Abuse and Neglect) is a consortium of longitudinal research studies on the causes and impact of child abuse and neglect, initiated in 1990 with grants from the National Center on Child Abuse and Neglect. www.iprc.unc.edu/longscan

NSCAW (The National Survey of Child and Adolescent Well-Being) is a project of the Administration on Children, Youth and Families to describe the child welfare system and the experiences of children and families who come in contact with the system. www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/index.html

Researchers also have begun to explore why, given similar conditions, some children experience long-term consequences of abuse and neglect while others emerge relatively unscathed. The ability to cope, and even thrive, following a negative experience is sometimes referred to as “resilience.” A number of protective factors may contribute to an abused or neglected child’s resilience. These include individual characteristics, such as optimism, self-esteem, intelligence, creativity, humor, and independence. Protective factors can also include the family or social environment, such as a child’s access to social support; in particular, a caring adult in the child’s life can be an important protective factor. Community well-being, including neighborhood stability and access to health care, is also a protective factor (Thomlison, 1997).

Physical Health Consequences

The immediate physical effects of abuse or neglect can be relatively minor (bruises or cuts) or severe (broken bones, hemorrhage, or even death). In some cases the physical effects are temporary; however, the pain and suffering they cause a child should not be discounted. Meanwhile, the long-term impact of child abuse and neglect on physical health is just beginning to be explored. Below are some outcomes researchers have identified:

Shaken baby syndrome. The immediate effects of shaking a baby, which is a common form of child abuse in infants, can include vomiting, concussion, respira-

tory distress, seizures, and death. Long-term consequences can include blindness, learning disabilities, mental retardation, cerebral palsy, or paralysis (Conway, 1998).

Impaired brain development. Child abuse and neglect have been shown, in some cases, to cause important regions of the brain to fail to form properly, resulting in impaired physical, mental, and emotional development (Perry, 2002; Shore, 1997). In other cases, the stress of chronic abuse causes a “hyperarousal” response by certain areas of the brain, which may result in hyperactivity, sleep disturbances, and anxiety, as well as increased vulnerability to post-traumatic stress disorder, attention deficit/hyperactivity disorder, conduct disorder, and learning and memory difficulties (Dallam, 2001; Perry, 2001).

Poor physical health. A study of 700 children who had been in foster care for 1 year found that more than one-quarter of the children had some kind of recurring physical or mental health problem (U.S. Department of Health and Human Services, 2003). A study of 9,500 HMO participants showed a relationship between various forms of household dysfunction (including childhood abuse) and long-term health problems such as sexually transmitted diseases, heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease (Felitti et al., 1998; Hillis, Anda, Felitti, Nordenberg, & Marchbanks, 2000).

Psychological Consequences

The immediate emotional effects of abuse and neglect— isolation, fear, and an inability to trust— can translate into lifelong consequences, including low self-esteem, depression, and relationship difficulties. Researchers have identified links between child abuse and neglect and the following:

Poor mental and emotional health. In one long-term study, as many as 80 percent of young adults who had been abused met the diagnostic criteria for at least one psychiatric disorder at age 21. These young adults exhibited many problems, including depression, anxiety, eating disorders, and suicide attempts (Silverman, Reinherz, & Giaconia, 1996). Other psychological and emotional conditions associated with abuse and neglect include panic disorder, dissociative disorders, attention-deficit/hyperactivity disorder, posttraumatic stress disorder, and reactive attachment disorder (Teicher, 2000).

Cognitive difficulties. The National Survey of Child and Adolescent Well-Being found that children placed in out-of-home care due to abuse or neglect tended to score lower than the general population on measures of cognitive capacity, language development, and academic achievement (U.S. Department of Health and Human Services, 2003).

Social difficulties. Children who are abused and neglected by caretakers often do not form secure attachments to them. These early attachment difficulties can lead to later difficulties in relationships with other adults

as well as with peers (Morrison, Frank, Holland, & Kates, 1999).

Behavioral Consequences

Not all victims of child abuse and neglect will experience behavioral consequences; however, child abuse and neglect appear to make the following more likely:

Difficulties during adolescence. Studies have found abused and neglected children to be at least 25 percent more likely to experience problems such as delinquency, teen pregnancy, low academic achievement, drug use, and mental health problems (Kelley, Thornberry, & Smith, 1997).

Juvenile delinquency and adult criminality. A National Institute of Justice study indicated being abused or neglected as a child increased the likelihood of arrest as a juvenile by 59 percent. Abuse and neglect increased the likelihood of adult criminal behavior by 28 percent and violent crime by 30 percent (Widom & Maxfield, 2001).

Alcohol and other drug abuse. Research consistently reflects an increased likelihood that abused and neglected children will smoke cigarettes, abuse alcohol, or take illicit drugs. According to a report from the National Institute on Drug Abuse, as many as two-thirds of people in drug treatment programs reported being abused as children (Swan, 1998).

Abusive behavior. Abusive parents often have experienced abuse during their own childhoods. It is estimated approximately

one-third of abused and neglected children will eventually victimize their own children (Prevent Child Abuse New York, 2003).

Societal Consequences

While child abuse and neglect almost always occur within the family, the impact does not end there. Society as a whole pays a price for child abuse and neglect, in terms of both direct and indirect costs.

Direct costs. Direct costs include those associated with maintaining a child welfare system to investigate allegations of child abuse and neglect, as well as expenditures by the judicial, law enforcement, health, and mental health systems to respond to and treat abused children and their families. A 2001 report by Prevent Child Abuse America estimates these costs at \$24 billion per year.

Indirect costs. Indirect costs represent the long-term economic consequences of child abuse and neglect. These include juvenile and adult criminal activity, mental illness, substance abuse, and domestic violence.

They can also include loss of productivity due to unemployment and underemployment, the cost of special education services, and increased use of the health care system. Prevent Child Abuse America recently estimated these costs at more than \$69 billion per year (2001).

Summary

Much research has been done about the possible consequences of child abuse and neglect. The effects vary depending on the circumstances of the abuse or neglect, personal characteristics of the child, and the child's environment. Consequences may be mild or severe; disappear after a short period or last a lifetime; and affect the child physically, psychologically, behaviorally, or in some combination of all three ways. Ultimately, due to related costs to public entities such as the health care, human services, and educational systems, abuse and neglect impact not just the child and family, but society as a whole.

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Additional Resources

Publications

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Websites

Child Abuse and Neglect

www.childwelfare.gov/can

Resources and information from the Child Welfare Information Gateway website about child maltreatment, including definitions, signs and symptoms, statistics, types, risk and protective factors, impact, and child fatalities.

Preventing Child Abuse and Neglect

www.childwelfare.gov/preventing

Resources and information from the Child Welfare Information Gateway website.



Child Maltreatment 2004: Summary of Key Findings

This factsheet presents excerpts from *Child Maltreatment 2004*, a report based on data submissions by the States for Federal fiscal year 2004. The National Child Abuse and Neglect Data System was developed by the Children's Bureau of the U.S. Department of Health and Human Services in partnership with the States to collect annual statistics on child maltreatment from State child protective services (CPS) agencies.¹

The press release announcing these data is available on the U.S. Department of Health and Human Services website:

http://www.acf.hhs.gov/news/press/2006/Child_Maltreatment_2004.htm

The full *Child Maltreatment 2004* report is available on the Children's Bureau website:

<http://www.acf.hhs.gov/programs/cb/pubs/cm04/index.htm>

Limited print copies are available from Child Welfare Information Gateway.

¹ CPS agencies respond to referrals regarding harm to children caused by parents or primary caregivers. Incidents of harm to children caused by other people, such as acquaintances and strangers, are not included in these data.



Victims

An estimated 872,000 children were determined to be victims of child abuse or neglect in 2004. The rate of victimization per 1,000 children in the national population has dropped from 13.4 children in 1990 to 11.9 children in 2004.

More than 60 percent of child victims experienced neglect. Almost 18 percent were physically abused, 10 percent were sexually abused, and 7 percent were emotionally maltreated. In addition, 15 percent of cases were associated with "other" types of maltreatment, based on specific State laws and policies.²

Children ages birth to 3 years had the highest rates of victimization at 16.1 per 1,000 children of the same age group. Girls were slightly more likely than boys to be victims.

African-American, Pacific Islander, and American Indian or Alaska Native children had the highest rates of victimization when compared to their national population, with rates of 19.9, 17.6, and 15.5 per 1,000 children, respectively. White children and Hispanic children had rates of approximately 10.7 and 10.4 per 1,000 children, respectively. Asian children had the lowest rate of victimization at 2.9 per 1,000 children.

Reports and Investigations of Child Abuse and Neglect

In 2004, an estimated 3 million referrals concerning the welfare of approximately 5.5 million children were made to CPS agencies throughout the United States. Of these, approximately 63 percent were accepted for investigation or assessment; 37 percent were not accepted. Since 2001, the rate and number of children who received an investigation has been increasing. For 2001, the rate was 43.2 children per 100,000, resulting in an estimated 3,136,000 children who received an investigation. In 2004, the rate was 47.8, resulting in an estimated 3,503,000 children.

More than one-half (56 percent) of all reports that alleged child abuse or neglect were made by professionals such as educators, law enforcement and legal personnel, social services personnel, medical personnel, mental health personnel, child daycare providers, and foster care providers. Friends, neighbors, relatives, and other nonprofessionals submitted approximately 44 percent of reports.

² These numbers add up to more than 100 percent because some children were victims of more than one type of maltreatment.

Approximately 30 percent of the reports that were investigated included at least one child who was found to be a victim of abuse or neglect. About 60 percent of the reports were found to be unsubstantiated (including those that were intentionally false); the remaining reports were closed for additional reasons.

Fatalities

Child fatalities are the most tragic consequence of maltreatment. For 2004, an estimated 1,490 children died due to abuse or neglect. More than 80 percent of children who were killed were younger than 4 years old; 12 percent were 4 to 7 years old; 4 percent were 8 to 11 years old; and 3 percent were 12 to 17 years old.

Infant boys (younger than 1 year) had the highest rate of fatalities, with nearly 18 deaths per 100,000 boys of the same age in the national population. Infant girls (younger than 1 year) had a rate of 17 deaths per 100,000. The overall rate of child fatalities was 2 deaths per 100,000 children. More than one-third of child fatalities were attributed to neglect. Physical abuse also was a major contributor to fatalities.

Perpetrators

Approximately 79 percent of perpetrators were parents. Other relatives accounted for 7 percent, and unmarried partners of parents accounted for 4 percent of perpetrators. The remaining perpetrators included persons with other (camp counselor, school employee, etc.) or unknown relationships to the child victims.

Female perpetrators, who were mostly mothers, were typically younger than male perpetrators, who were mostly fathers. Women also comprised a larger percentage of all perpetrators than men: 58 percent compared to 42 percent.

Of all parents who were perpetrators, fewer than 3 percent were associated with sexual abuse, while 63 percent committed neglect. Nearly three-quarters of perpetrators who were friends or neighbors committed sexual abuse.

Services

Approximately 59 percent of victims and 27 percent of nonvictims received services as a result of an investigation or assessment. Children with a disability were 70 percent more likely to receive services than other victims. Victims of multiple maltreatments were 65 percent more likely to receive services than children who were victims of physical abuse. In contrast, child victims of an unknown race or ethnicity were 66 percent less likely to receive services than White victims, and children who were maltreated by someone other than their parents were 60 percent less likely to receive services than children maltreated by their mothers.

Services included both in-home and foster care services. Approximately 19 percent of child victims were placed in foster care. About 4 percent of nonvictims also experienced a removal—usually a short-term placement during the course of the investigation. When compared with White child victims, victims of “other” or multiple races were 56 percent more likely to be placed in foster care.



Child Welfare Information Gateway

PROTECTING CHILDREN ■ STRENGTHENING FAMILIES

RESOURCE LIST

April 2006

*Esta lista de recursos es
disponible en español
[http://nccanch.acf.hhs.gov/
pubs/reslist/sp_tollfree.cfm](http://nccanch.acf.hhs.gov/pubs/reslist/sp_tollfree.cfm)*

Toll-Free Crisis Hotline Numbers

Child Abuse

Childhelp USA®

Phone: 800.4.A.CHILD (800.422.4453)

Who They Help: Child abuse victims,
parents, concerned individuals

Child Sexual Abuse

Stop It Now!

Phone: 888.PREVENT (888.773.8368)

Who They Help: Child sexual abuse victims,
parents, offenders, concerned individuals

Family Violence

National Domestic Violence Hotline

Phone: 800.799.SAFE (800.799.7233)

Who They Help: Children, parents, friends,
offenders

Missing/Abducted Children

Child Find of America

Phone: 800.I.AM.LOST (800.426.5678)

Who They Help: Parents reporting lost or
abducted children

Child Find of America – Mediation

Phone: 800.A.WAY.OUT (800.292.9688)

Who They Help: Parents (abduction,
prevention, child custody issues)

National Center for Missing and Exploited Children

Phone: 800.THE.LOST (800.843.5678)

Who They Help: Families and professionals
(social services, law enforcement)

U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau



Child Welfare Information Gateway
Children's Bureau/ACYF
1250 Maryland Avenue, SW
Eighth Floor
Washington, DC 20024
703.385.7565 or 800.394.3366
Email: info@childwelfare.gov
www.childwelfare.gov

Rape/Incest

Rape and Incest National Network

Phone: 800.656.HOPE; Ext. 1 (800.656.4673; Ext. 1)

Who They Help: Rape and incest victims, media, policy makers, concerned individuals

Crime Victims

National Center for Victims of Crime

Phone: 800.FYI.CALL (800.394.2255)

Who They Help: Families, communities, and individuals harmed by crime

Youth in Trouble/Runaways

National Runaway Switchboard

Phone: 800.786.2929 (800.RUNAWAY)

Who They Help: Runaway and homeless youth, families